

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2939-62-023479  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 10022 Registrar's No.

FILED JUN 21 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

30 Years

c. FULL NAME OF (If NOT in hospital, give location)

3338 Wayne Avenue

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

Inside Limits

Yes ☐ No ☐

c. CITY

OR TOWN

Kansas City

d. STREET ADDRESS

3338 Wayne Avenue

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

WILLIAM

Middle

ALEXANDER

Last

THURMAN

## 4. DATE OF DEATH

Month

Day

Year

May 29, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

Cauc.

## 7. Married

☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5/4/1884

## 9. AGE (last birthday)

78

## 10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

School Patrolman

## 10b. KIND OF BUSINESS OR INDUSTRY

Kansas City Police Department

## 11. BIRTHPLACE (City and state or country)

Cowan, Tennessee

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Thomas Thurman

## 13b. MOTHER'S MAIDEN NAME

Melinda J. McFarland

## 14. NAME OF HUSBAND OR WIFE

Nettie A. Thurman

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Nettie A. Thurman Kansas City, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Cerebral Vascular Accident minutes  
Arteriosclerosis  
Hypertension

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

1945 to Death

6:35 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

and last saw him alive on

May 29, 1962

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

June 2, '62

## 23c. NAME OF CEMETERY OR CREMATOR

Holden Cemetery

## 23d. LOCATION (City, town, or county)

Holden

Missouri

## 24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

## 25. DATE RECD. BY LOCAL REG.

6-2-62

## 26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

E.D. Reese

BY AFFIDAVIT OF

Mr. Edward D. Reese Ch 1-1247  
3309 East 12th Street  
2:00-5:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Vern Lawler

Licensed Embalmer No.

4915

P. O. Address

KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.